

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 596088

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		1				
6		1				
7		1				
8		2				
9	1					
10		1				
11		2				
12	1					
13		1				
14		1				
15	1					
16		1				
17	1					
18		1				
19		1				
20	1					
21	1					
22	1					
23			1			
24				1		
25						
26			1			
27				1		
28				1		
29				1		
30				1		
31			1			
32				1		
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34			1			
35				1		
36				1		
37			1			
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39			1			
40				1		
41				1		
42			1			
43			1			
44			1			
45						
46						
47						
48						
49						
50						
TOTAL IND.	9	↓	9	↓		↓
TOTAL DEP.	16	←	13	←		←
TOTAL CLAIMS	25		24			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						